



City of Miramar
An Equal Opportunity Employer

Mayor
Lori C. Moseley

City Commission
Winston F. Barnes

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Wayne M. Messam

Troy R. Samuels

**"We're at
the Center of Everything"**

City of Miramar
C/O Business Tax Office
2300 Civic Center Place
Miramar FL 33025
businesstax@ci.miramar.fl.us

Phone (954) 602-3040
Phone (954) 602-3061
FAX (954) 602-3470

Re: Business Tax (Child Care Commercial)

Dear Sir or Madam:

Any person wishing to engage in or manage any business, profession or occupation within the City, including home based businesses, is required by City ordinance to acquire a City Business Tax Receipt. **This process has 3 steps.**

Step 1: Complete the Certificate of Use application. (Available at the City of Miramar Zoning Office)

Step 2: Complete the enclosed 5 page application and return it with the requirements listed below.

Step 3: Complete all necessary inspections required by the City of Miramar Building Department

Business Tax Requirements:

1. Photocopy of applicant's Florida Driver's License
2. Photocopy of the State of Florida Articles of Incorporation OR Photocopy of the State of Florida Fictitious Name Registration.
3. Photocopy of Training Certificates from State of Florida (30 Hour Training, CPR & First Aid)
4. Photocopy of Tax Identification Number form from the IRS.
5. Photocopy of Liability Insurance Certificate.
6. Photocopy of Waste Pro service agreement.
7. Photocopy of Business Lease or Bill of Sale.
8. Photocopy of Completed Fire Inspection by City of Miramar Fire, Life and Safety Department.
9. A non-refundable application fee of \$105.25 plus the license fee is due once your application is submitted.

Mail or return all requirements together to:

City of Miramar
Business Tax Office
2300 Civic Center Place
Miramar FL 33025

City of Miramar
2300 Civic Center Place
Miramar, Florida 33025

Business Tax Receipt Application Child Care Commercial

The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. The application process will take ten to fifteen business days. All information on this application must be truthful and correct. The City of Miramar will conduct a criminal history background check on the applicant. Your failure to answer all the questions fully and truthfully will result in the denial of the license under Chapter 11, Miramar City Code. This application must be **signed by the applicant and notarized.** All necessary photocopies will need to be made by the applicant. You must also obtain a Broward County Business Tax Receipt.

Date: _____

Business Name: _____

Business Address: _____ (Zip)

Business Phone No: () _____ Business Fax No: () _____

Business Email Address: (optional) _____

Emergency Contact Person: _____

Emergency Contact No: () _____

Form of Business: () Individual () Partnership () Corporation () Other _____

Commercial Child Care Business Tax Receipt Application Continued

Describe business operations in detail (please include all services provided)

Number of children? _____

Number of Infants _____ Number of Preschool _____ Number of School-Age _____

Maximum Capacity: _____

Hours of Operation _____

No of Employees:

_____/_____
(Full-time) (Part-time)

Square Footage _____ () Fire Alarm () Sprinkler System
(Must Have Square Footage)

Please attach a photocopy of any training certificates for all your employees.

Each Employee must have:

1. A completed Background Check Request Form
2. First Aid Training Certificate
3. Infant & Child Cardiopulmonary Resuscitation (CPR) Certificate
4. 30 Hour Family Child Care Home Training Certificate

Commercial Child Care Business Tax Receipt Application Continued

Applicant's Full Name:

Applicant's Current Home Address:

Applicant's Home Telephone No: () _____

Other Contact No for applicant: () _____ **Type** _____

Date of Birth: _____ **Soc Sec Number:** _____

Driver's License No: _____

Sex _____
(M or F)

Race: _____

Have you ever been convicted of a felony or misdemeanor within the past three (3) years? _____

If yes, what offense were you convicted of?

Have your civil rights been restored? _____

If yes, please provide copies of the documents restoring your civil rights.

Background Check Required Information

In accordance with the chapter, in order to determine whether a person applying for a Business Tax Receipt has been convicted of any misdemeanor or felony within the preceding three (3) years, the City shall conduct a criminal history check pertaining to the applicant before the issuance of such license. This fee shall be payable when your application is submitted.

Criminal History Information: *All information must be complete.*

Applicant's Full Name: _____

Date of Birth: _____ **Soc Sec Number:** _____

Driver's License Number: _____

Sex: _____ **Race:** _____
(M or F) **Race Codes: W = White; B=Black; I= American Indian, Indian, or Alaskan Eskimo; A= Asian or Pacific Islander; U= Unknown**
***** Indicate Hispanic persons as white or black based on skin color *****

Applicant's Current Home Address:

By signing this form you're authorizing the City of Miramar to process a Criminal History Check.

Applicant's Signature: _____

Date: _____

Please be advised that the City of Miramar relies upon the accuracy of your responses to the questions answered on this application in determining whether your Business Tax Receipt should be granted. If the City of Miramar determines that the Tax Receipt was issued based on inaccurate, incomplete or misleading information provided in response to the above questions the City reserves the right to revoke your license, cite you with a Code Compliance violation or take appropriate action to bring your license into conformance with City regulation.

I have read and agree to the above terms and conditions. Should I violate these conditions, I understand that my Business Tax Receipt may be revoked by the City of Miramar. I understand that I **MUST** have zoning approval **before** I start operating as a Commercial Child Care facility. I have answered all questions in this application fully, truthfully and correctly.

NOTARIZED SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____.
Personally appeared _____ who is personally known or
produced identification. Type of Identification Produced _____

Signature of Notary

(SEAL)

If your license has been denied or if there is a dispute as to your business classification you have the right to appeal the decision of the City, first to the City Manager and then, if necessary, to the City Commission in accordance with Chapter 11-35, Miramar City Code.

FOR BUSINESS TAX OFFICE USE ONLY:

Approved: _____	
Denied: (State Reason) _____	

_____ Designee	_____ Date



City of Miramar

Business/Vendor Profile Survey

The City of Miramar is in the process of updating our Vendor Profile Records and requests that every vendor, supplier, contractor, etc, that is currently doing business or has in the past provided services to the City provide the following information:

Name of Business: _____

Address: _____

Phone No.: _____

Contact Person (Regarding This Form):

Type of Business (check the appropriate type):

- CONSTRUCTION SERVICES**
Firms involved in the process of building, altering, repairing, improving or demolishing any structure, building or real property.
- ARCHITECTURE AND ENGINEERING (A&E) SERVICES**
Firms involved in architectural design, engineering services, inspections and environmental consulting (materials and soil testing) and surveying.
- PROFESSIONAL SERVICES**
Includes those services that require special licensing, educational degrees, and unusually highly specialized expertise.
- BUSINESS SERVICES**
Involves any services that are labor intensive and not a construction related or professional service.
- COMMODITIES**
Includes all tangible personal property services, including equipment, leases of equipment, printing, food, building materials, office supplies.

A Small Disadvantaged Business Enterprise (SDBE) is defined as a small business concern that is at least fifty-one (51) percent beneficially owned and which is routinely managed by one or more of the following (Please identify your respective SDBE category):

African-American _____ Hispanic _____ Asian-Indian American _____

Asian-Pacific American _____ Native American _____

Any woman not included among the aforementioned categories _____

Thanks in advance for your cooperation in the completion and return of this requested information.